GRANDE
AESTHETIC FAMILY DENTISTRY AND ORTHODONTICS
Smiles

FINANCIAL INFORMATION

We are committed to providing you with the best possible dental care. In order to begin a long lasting, professional relationship, we ask for your understanding of and cooperation with our financial policy.

We will submit claims to ANY PPO insurance plan, however we are NOT in-network with all PPOs. - Refer to your plan website to confirm our participation PRIOR to your appointment. ESTIMATED copayments will be due at time of service. We will process payments per your plan Explanation of Benefits. Any remaining balance after insurance payment has been received will be due upon receipt of statement for all patients.

Since Plans differ from patient to patient and employer to employer, it is impossible for our staff to know specifics of your plan. We expect that you have reviewed your benefits PRIOR to attending your appointment. We do not make phone calls to your insurance company at the time of your appointment to inquire about your coverage, with the exception of your initial visit. Treatment will be advised at a level of care that we would expect for ourselves. This recommendation may be outside of your employer-selected coverage. It is our responsibility to offer the best care, not only what insurance may offer.

OTHER IMPORTANT ITEMS:

We will be happy to submit a pre-treatment estimate to your insurance company at your request and after you have provided appropriate insurance information. Pre-treatment estimates are NOT a guarantee of payment.

Interest, at the rate of 1.5% per month, will be applied to all balances exceeding 90 days.

Accounts exceeding 60 days since last payment will be reviewed for collection by a third party. If you receive a statement you do not understand, please call us immediately.

If an account requires collection by a third party, the patient/guarantor will be responsible for all collections fees, attorney's fees, court fees, and any/all other costs incurred to collect your debt.

A minimum $50.00 fee will be charged to your account for broken appointments and appointments canceled without 24 business hours prior notice. Evenings, Nights, Weekends and holidays are not considered business hours.

Prosthetic cases (crown, bridge, veneers, etc.) and whitening trays will not be delivered until final payment has been received.

Military only: I authorize you to talk to my/my spouse's superiors if I am delinquent in paying my account.

There will be a charge of $25.00 for all returned checks. Checks which are not rectified immediately will be surrendered to a third-party collector for legal action.

A deposit will be required to reserve time on our schedule in some instances, such as crowns, periodontal procedures and lengthy restorative appointments. This deposit will apply to your estimated copay unless the appointment is broken or cancelled within TWO BUSINESS DAYS. It will then be applied as a broken appointment fee and will be non-refundable.

Patient Name (printed): _____Date: _____

Patient Signature: _____Date: _____